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FAX TRANSMISSION

DATE: August 5, 2005

CLIENT NO.: 50661-20001.03

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FROM: Michael R. Ward - Reg. No. 38,651/LKO3

PHONE: (415) 268-6237

PAGES (Including Cover Sheet): 4

HARD COPY TO FOLLOW: ☐ YES ☒ NO

RE: Serial No.: 10/512,028

Filed: April 24, 2003

Title: METHODS AND COMPOSITIONS FOR DIAGNOSING AND MONITORING AUTO
IMMUNE AND CHRONIC INFLAMMATORY DISEASES

Inventors: Jay WOHLGEMUTH et al.

Group Art Unit: Not Yet Assigned

Examiner: Not Yet Assigned

Atty Docket No: 50661-20001.03

Attachments:

1. Transmittal (1 page)
2. Power of Attorney (1 page)
3. Statement Under 37 CFR 3.73(b) (1 page)

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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	10/512,028	
	Filing Date	April 24, 2003	
	First Named Inventor	Jay WOHLGEMUTH	
	Art Unit	Not Yet Assigned	
	Examiner Name	Not Yet Assigned	
Total Number of Pages in This Submission	3	Attorney Docket Number	506612000103

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement (3 pages) <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input checked="" type="checkbox"/> Power of Attorney - 1 pg <input type="checkbox"/> Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) <input type="checkbox"/> Landscape Table on CD <input type="checkbox"/> Remarks	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): 1. Statement Under 37 CFR 3.73(b) - 1 pg 2. Fax Coversheet

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	MORRISON & FOERSTER LLP	(Customer No. 20872)	
Signature	<i>Michael R. Ward</i>		
Printed name	Michael R. Ward		
Date	August 5, 2005	Reg. No.	38,651

I hereby certify that this correspondence is being sent via facsimile to the U.S. Patent and Trademark Office at fax no. (571) 273-6300, on the date shown below:		
Dated: August 5, 2005	Signature: <i>Lilia Olsen</i>	(Lilia Olsen)

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POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM	Application Number	10/612,028										
	Filing Date	April 24, 2003 (PCT/US03/13015)										
	First Named Inventor	Jay WOHLGEMUTH										
	Title	METHODS AND COMPOSITIONS FOR DIAGNOSING AND MONITORING AUTO IMMUNE AND CHRONIC INFLAMMATORY DISEASES										
	Art Unit	Not Yet Assigned										
	Examiner Name	Not Yet Assigned										
	Attorney Docket No.	606612000103										
I hereby revoke all previous powers of attorney given in the above-identified application.												
I hereby appoint:												
<input checked="" type="checkbox"/> Practitioners associated with the Customer Number: 20872 OR <input type="checkbox"/> Practitioner(s) named below:												
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<input type="checkbox"/> Applicant/Inventor. <input checked="" type="checkbox"/> Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/08)												
SIGNATURE of Applicant or Assignee of Record												
Signature	Steven Rosenberg		Date	7/27/05								
Name	Steven Rosenberg, Ph.D.		Telephone	608 624 0160								
Title and Company	Chief Scientific Officer, Authorized Signer on behalf of EXPRESSION DIAGNOSTICS, INC. dba XDx, Inc.											
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.												
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STATEMENT UNDER 37 CFR 3.73(b)Applicant/Patent Owner: Expression Diagnostics, Inc.Application No./Patent No.: 10/512,028 Filed/Issue Date: 4/24/03 (PCT/US03/13015)Entitled: METHODS AND COMPOSITIONS FOR DIAGNOSING AND MONITORING AUTO IMMUNE AND CHRONIC INFLAMMATORY DISEASES**EXPRESSION DIAGNOSTICS, INC. dba****XDx, Inc.**

, a

Delaware corporation

(Name of Assignee)

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The undersigned (whose title is supplied below) is authorized to act on behalf of the assignee.

Michael R. Ward

Signature

Michael R. Ward (Reg. No. 38,651)

Printed or Typed Name

Attorney for Assignee

Title

August 5, 2005

Date

415/268-6237

Telephone Number

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